tically reduced, and subsidized, biased, and highly-colored testimony would be eliminated.

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BIOLOGICAL SPECIFICITY OF RENIN

It is currently reported by Braun-Menendez[1] and his coworkers of the University of Buenos Aires, that renin, the recently demonstrated internal secretion from the ischemic kidney,[2] is species-specific, requiring a species-specific coenzyme for its activation. If so little or no therapeutic effect can be predicted from the use of lower animal renins in human medicine.

It was shown by Kohlstaedt and Page[3] that this hypertension-precursor is activated by certain serum globulins, giving rise to a thermostable pressor substance, for which the name "angiotonin" has been suggested.[4] In the hands of the Argentine endocrinologists globulin activation is readily effected in vitro by the action of horse serum, swine serum, ox serum or dog serum on swine renin. Swine renin, however, is not activated by human serum globulins. In order to bring about human activation human renin must be substituted.

This unsuspected species-specificity of the kidney enzyme (or of the serum activator) suggests that swine renin would be therapeutically inert in the human body. It also throws doubt of the current presumptive therapeutic value of certain other endocrine products, some of which conceivably may also require species-specific activation.

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The Home Front—Challenge to Medicine

Obviously, those in authority—the President, the Congress, and the Supreme Court—are weighing the evidence and are daily making the decisions that will determine the structure and functional changes, which, in turn, will guide our political and social future. Into the newer political and social structure of the country, organized medicine will necessarily have to fit its plans and concepts. . . .

The war may serve in this country as a substitute for those revolutionary mass movements which have been the usual manifestation of major social transition abroad. . . .

There is now developing a distinct challenge, as we have attempted to show editorially in preceding issues of the *Journal*, to the resourcefulness and fluidity of organized medicine. It must supply doctors for the armed forces and is doing it; it must implement what we hope will be an expanding program of industrial medical service from a relatively small reservoir of physicians; it must study and meet the problem of adequate medical and hospital service to areas and communities which need it with the thought in mind that every community without private care is an argument for public medicine. Voluntary medical expense insurance plans must be activated and provide a far wider coverage than they have so far done.

Medicine has survived and flourished since time immemorial because of its ability to adapt itself to changing circumstances. Its only difficulty lies now, not in its inability to change its modes of thinking or of practice upon proof of necessity, but in the *rate* at which it can move to accomplish change. It must be conscious of the public necessity; it must carefully study the effect of public necessity upon the acts and attitudes of government and prepare to fit itself into the rapidly changing social order in as short a period of time as this can be done and yet be consistent with public safety.—*N. Y. State J. M.*, Vol. 42, No. 18 (September).

MEDICAL EPONYMS

Plaut-Vincent's Angina

Hugo Carl Plaut (1858-1928), of Leipzig published his "Studien zur bacteriellen Diagnostik der Diphtherie und der Anginen [Studies in the Bacterial Diagnosis of Diphtheria and the Anginas]" in the *Deutsche medicinische Wochenschrift* (*20*:920-923, 1894). A portion of the translation follows:

"Five successive cases of simple angina deserve mention because of the type of microörganism that, there seems to be no doubt, was their cause. . . . Inspection of the oral cavity, which contained many carious teeth, showed a dirty exudate on both medial surfaces of the markedly swollen tonsils and the left side of the uvula. . . . Microscopic examination of the exudate showed it to consist bacteriologically of nothing but Miller's spirochetes and Miller's bacilli. . . . Miller's bacilli are . . . much larger than the diphtheria bacilli, are, in contradistinction to these, pointed at the ends, and are always associated with the spirochetes, which apparently have some genetic relation with them. . . . These microörganisms of Miller's are found in small numbers in almost every normal mouth, but usually only under the gum margins. [The organisms referred to were described by W. D. Miller, an American physician and dentist in Berlin, in 1883.]"

H. Vincent (1862), military surgeon and bacteriologist, wrote "Sur une forme particulière d'angine diphtéroïde (angine à bacilles fusiformes) [On a Peculiar Form of Diphtheroid Angina (Angina with Fusiform Bacilli)]" in the *Bulletins et mémoires de la société médicale des hôpitaux de Paris* (*15*, 3rd series: 244-250, 1898). A portion of the translation follows:

"This angina is characterized by a grayish or whitish pseudo-membranous exudate, by the associated fever and occasionally rather marked adenitis. . . .

"If a bit of the pulpy exudate that appears on the surface of the pharynx is removed and stained with thionin or Ziehl's dilute fuchsin, microscopic examination shows two kinds of microbes to be predominant: a peculiar bacillus, easily recognizable by its length (about 10 to 12 microns) and its bulging central portion and distinctly tapering ends, and a delicate spirillum, more difficult to stain. This spirillum is quite similar to that normally present in the saliva and dental tartar."—R. W. B., in *New England Journal of Medicine*.

"Never before have we had so little time in which to do so much."—Franklin D. Roosevelt.